Under the Paperwork Reduc	tion Act of 199	5 no persons are required to		nt and Tradem	nark Office; U.S. DE	PARTMENT OF COMMERCE is a valid OMB control number		
Effective on 12/08/2004.				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Nu	mber 1	10/718,743			
FEE IF	KANS	SMITTAL	Filing Date	N	lovember 21, 20	003		
Fo	r FY 2	008	First Named In	ventor M	latias Duarte			
		0 07 050 407	Examiner Nam	ne K	ristie D. Shingle	es		
Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2	2441				
TOTAL AMOUNT OF PAY	rment (\$	0.00	Attorney Docke	et No. 3	25227.07			
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 50-4143 Deposit Account Name:								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Change to (a) more than the many tee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEA			3					
	FILING	FEES SEA Small Entity	ARCH FEES	EXAMIN	NATION FEES			
Application Type	Fee (\$)	Fee (\$) Fee	Small Entity (\$) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)		
Utility	310	155 51	255	210	105			
Design	210	105 10	0 50	130	65			
Plant	210	105 31	155	160	80			
Reissue	310	155 51	255	620	310			
Provisional	210	105	0 0	0	0			
2. EXCESS CLAIM FE	ES				- 40	Small Entity		
Fee Description Each claim over 20	(including I	Paicenae)			Fee (\$) 50	Fee (\$) 25		
Each independent el			210	105				
Multiple dependent		()			370	185		
Total Claims	Extra Clai	ms Fee (\$)	ee Paid (\$)		Multiple De	ependent Claims		
0 - 20 or HP =		_ x= _			Fee (\$)	Fee Paid (\$)		
HP = highest number of tot Indep. Claims	al claims paid f Extra Clai		ee Paid (\$)		0.00	0.00		
0 - 3 or HP =	0	x=_	ce i dia (4)					
HP = highest number of inde		s paid for, if greater than 3.						
 APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer 								
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
- 100 =		/ 50 =	(round up to a					
 OTHER FEE(S) Non-English Specif 	ication, \$	130 fee (no small enti	ty discount)			Fees Paid (\$)		
Other (e.g., late filit	ng surcharg	e);						

SUBMITTED BY							
Signature	/Mark F. Niemann/	Registration No. 61817 (Attorney/Agent)	Telephone 509-755-7262				
Name (Print/Type)	Mark F. Niemann		Date 04/06/2009				

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a bountil by the public winks to so file (and by the USPTO of porcess) an application. Confidentially is governed by \$5 U.S.C. 124 and \$7 CFR 1.14. This collection is estimated to take 30 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any common the amount of the proper program to empirite this form and/or suggesters for enducing this turdent, should be sent to the Christ Information C.P. C.P. Box 1453, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1453, Mexandria, VA 22313-1450.